

## TOWN OF AMHERST APPLICATION FOR A TAXI DRIVER/CHAUFFEUR LICENSE Annual Fee: \$25.00

To the Local Permit Agent:	Date: 19/09/08
The undersigned hereby applies for a Taxi Driver/Chauffe the Statutes relating thereto:	
NAME: Backa Ninha  ADDRESS: Q.99 westham olem	
ADDRESS: 892 westhamplon	Rd
	01069
TELEPHONE: 413 687 8074	
NAME OF COMPANY FOR WHICH YOU WILL BE DI	i t
DATE OF BIRTH: 05-19-1981 SOCIAL SECURITY #:	
HEIGHT: 6-01 WEIGHT: 900 HAIR: 13 lack EYES: 13 a own	
DRIVER'S LICENSE #:	
DATE OF EXPIRATION:	
I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.	
APPLICANT'S'SIGNATURE: ### APPLICANT'S APPLIC	
N/11	
APPROVED/NOT APPROVED:	/ January 6, 2009
Chief of Police	Date
Date Approved/Denied:	License # 1 10 10 10 10 10 10 10 10 10 10 10 10 1
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Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002